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# SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue • Shrewsbury, MA • 01545 • (508) 841-8400

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## APPLICATION FOR USE OF SCHOOL FACILITIES

Organization \_\_\_\_\_ Org. ID # \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone (days) \_\_\_\_\_ Phone (evenings) \_\_\_\_\_

Contact Person \_\_\_\_\_ Alternate contact \_\_\_\_\_

Date(s) \_\_\_\_\_

School \_\_\_\_\_

Space (room) requested \_\_\_\_\_

Building opened at \_\_\_\_\_

Building closed at \_\_\_\_\_

Purpose of event \_\_\_\_\_

Is a school monitor needed? \_\_\_\_\_

Is kitchen help requested? \_\_\_\_\_

Is the AV Technician needed? \_\_\_\_\_

Will income be derived? \_\_\_\_\_

Is the event open to the public? \_\_\_\_\_

How much is your admission price? \_\_\_\_\_

Estimated Attendance \_\_\_\_\_

Non-profit or For-profit group? \_\_\_\_\_

Will equipment be moved in? \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_

If school equipment is desired, indicate below:

Microphone

Microphone Stand

Microphone Cables

Sound Console

Amplifier System

Other

### OFFICE USE ONLY

Booked \_\_\_\_\_

Invoice Sent \_\_\_\_\_

Total # hours \_\_\_\_\_

Total amount due: \_\_\_\_\_

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### OFFICE USE ONLY

Date received \_\_\_\_\_ Is space available? \_\_\_\_\_

Athletic Director's Signature (use of high school gym) \_\_\_\_\_

(Gordon Warren, Athletic Director)